

Commonwealth of Massachusetts
Department of Telecommunications and Energy
Fitchburg Gas and Electric Light Company
Docket No. D.T.E. 02-24/25
Record Request Response

Record Request No.: DTE-RR-63 (Common)

Please provide the most recent data available concerning the costs for both the self-insurance program and the bills from Blue Cross/Blue Shield, which would account for the catastrophic insurance program, as of September 10, 2002.

Response:

Attachment 1 DTE-RR-63 is a schedule that summarizes FG&E experience with the medical self-insurance program through July 2002. The most recent bills received for those seven months for estimated claims payments and admin stop loss payments (supplied in Attachments 2 and 3 to DTE-RR-63 respectively). Those bills have been summarized in section B of Attachment 1 DTE-RR-63. They have been used to compare to the monthly average for those seven months in 2001 (contained in Attachment 1 to response to AG 1-63 for both Gas and Electric).

The comparison between the two years, indicates a \$53,017 increase (2001 amount of \$298,016 compared to \$351,033 for seven months 2002) or 18%. This 18% increase supports the 17.2% combined gas and electric increase of \$60,573 (as shown on Schedules MHC 7-6 (Gas) of \$37,844 and Schedule MHC 7-4 (Electric) of \$22,729).

As noted in section C of Attachment 1 DTE-RR-63, if the seven months payments for estimated claims and admin stop loss of \$351,033 are annualized for the 12 months, then 2002 annual costs would be \$601,771 which can be compared to \$605,418 (the 2002 Total medical costs on line 1, Schedule MHC 7-5 (Gas). This comparison confirms that the experience to date in 2002 supports the proforma adjustment made on Schedule MHC 7-5 (Gas) based on working rates and employee census data at year end 2001.

Attachment 2 DTE-RR-63 is a listing of the weekly payments for estimated claims for total Until and the amounts related to FGE for the first seven months.

Attachment 3 DTE-RR-63 are the FGE Administration Stop Loss invoices from Anthem Blue Cross Blue Shield for the first seven months that are summarized on page 1 of 8.

Attachment 4 DTE-RR-63 is the 2003 renewal received on August 26, 2002 showing new working rates and stop loss premiums that will become effective January 1, 2003. This renewal shows a 26.7% increase in rates for 2003.

Person Responsible: Mark H. Collin

A) MEDICAL SELF INSURANCE PLAN COSTS - FGE YTD JULY 2001

	2001 Electric Per AG 1-63	2001 Gas per AG 1-63	Total 2001 FGE	Monthly Average	2001 Seven Month Avg
Estimated Claims Payments	211,960	160,684	372,644	31,054	217,376
Excess Claim Experience	13,630	10,333	23,963	1,997	13,978
Incurred But Not Recorded Costs	26,222	19,879	46,101	3,842	26,892
Admin and Stop Loss	38,779	29,398	68,176	5,681	39,769
Total Self-Insurance Plan Costs	290,591	220,293	510,884	42,574	298,016

**B) MEDICAL FGE SELF INSURANCE PLAN COSTS -
SEVEN MONTHS ACTUAL ENDING JULY 2002**

	2002 Seven Months Actual
Estimated Claims Payments	Attachment 2 304,153
Admin and Stop Loss Payments	Attachment 3 46,880
Total Medical Self-Insurance Plan Costs	351,033
 INCREASE OVER 2001	 53,017
PERCENT INCREASE	18%

C) 2002 YTD INVOICE AMOUNTS ANNUALIZED FOR CURRENT YEAR 2002

Estimated Claims Payments	304,153
Admin Stop Loss Payments	46,880
	351,033
 Annualized for Current Year 2001	 601,771
FGE Total 2002 Medical Costs per Schedule MHC 7-5 (Gas)	605,418
Difference	3,647
% Difference	0.6%

2002 Anthem BCBS payments for Period Ending July 31, 2002

Wkly wire #	Invoice Date	W/E	G/L Date	Total Co Estimated Pymt	Monthly Totals	FG&E Estimated Pymt	
1	10-Jan	4-Jan	16-Jan	38,398.80		9,163.35	
2	16-Jan	11-Jan	23-Jan	38,398.80		9,163.35	
3	23-Jan	18-Jan	30-Jan	38,398.80		10,036.05	
4	30-Jan	25-Jan	30-Jan	38,398.80		10,036.05	
5	6-Feb	1-Feb	7-Feb	38,398.80	191,994.00	10,036.05	48,434.85
6	13-Feb	8-Feb	15-Feb	38,398.80		9,163.35	
7	20-Feb	15-Feb	28-Feb	38,398.80		10,036.05	
8	27-Feb	22-Feb	28-Feb	38,398.80		10,036.05	
9	6-Mar	1-Mar	15-Mar	38,398.80	153,595.20	10,036.05	39,271.50
10	13-Mar	8-Mar	15-Mar	38,398.80		9,163.35	
11	19-Mar	15-Mar	22-Mar	38,398.80		10,036.05	
12	27-Mar	22-Mar	27-Mar	38,398.80		9,163.35	
13	3-Apr	29-Mar	4-Apr	38,398.80	153,595.20	10,036.05	38,398.80
14	10-Apr	5-Apr	18-Apr	38,398.80		9,163.35	
15	17-Apr	12-Apr	18-Apr	38,417.77		9,960.16	
16	24-Apr	19-Apr	26-Apr	38,417.77		9,960.16	
17	1-May	26-Apr	2-May	38,417.77		9,960.16	
18	8-May	3-May	16-May	38,417.77	192,069.88	9,960.16	49,003.99
19	15-May	10-May	16-May	38,417.77		9,960.16	
20	22-May	17-May	24-May	38,417.77		9,960.16	
21	29-May	24-May	30-May	38,417.77		9,960.16	
22	5-Jun	31-May	11-Jun	38,417.77	153,671.08	9,960.16	39,840.64
23	13-Jun	7-Jun	14-Jun	38,398.80		9,163.35	
24	19-Jun	14-Jun	21-Jun	38,331.30		10,125.25	
25	26-Jun	21-Jun	12-Aug	38,331.30		10,125.25	
26	3-Jul	28-Jun	5-Jul	38,331.30	153,392.70	10,125.25	39,539.10
27	10-Jul	5-Jul	12-Jul	38,398.80		9,163.35	
28	17-Jul	12-Jul	19-Jul	38,331.30		10,125.25	
29	24-Jul	19-Jul	29-Jul	38,331.30		10,125.25	
30	31-Jul	26-Jul	31-Jul	38,331.30		10,125.25	
31	7-Aug	2-Aug	12-Aug	38,331.30	191,724.00	10,125.25	49,664.35
Total Estim Pymts					<u>1,190,042.06</u>		<u>304,153.23</u>

2002 Admin & Stop Loss payments

Month	USC Total Amount	FGE
January	24,105	5,510
February	26,817	6,433
March	27,717	7,575
April	25,108	7,018
May	21,790	6,802
June	23,110	6,771
July	24,721	6,771
	173,368	46,880

Note: Included with this attachment are
copies of the related BCBS invoices
for FGE's Admin & Stop Loss.
(Pages 2-8)



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3000 Goffs Falls Road
Manchester NH 03111-0001

000037050200

DTE 02-24/25 (Common)
Attachment 3 DTE-RR-63
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#BWNCQXF
#9999999990000N2#
DEBORAH ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 12/04/2001
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010077-4844
BILLING PERIOD 01/01/2002 - 01/31/2002
DUE DATE 01/01/2002

CERTIFICATE	SUBSCRIBER NAME	BIRTH DATE	SEX	ADJUSTMENT PERIOD	TYPE/CLASS	DESCRIPTION	AMOUNT	TOTAL
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PRIMARY (ACCOUNT NUMBER 002321-7766)

PREVIOUS AMOUNT DUE
PAYMENTS RECEIVED

\$5,854.13
\$0.00

CURRENT BILLING
HEALTH
HEALTH ADJUSTMENTS

\$5,760.29
\$250.24CR

Single 2Person Family
17 28 39

CURRENT TOTAL

\$5,510.05

TOTAL AMOUNT DUE

\$11,364.18

DATE OF LAST PAYMENT 10/31/2001

(PAYMENTS/ADJUSTMENTS PROCESSED AFTER 12/04/2001 WILL BE REFLECTED ON YOUR NEXT INVOICE)

PLEASE RETURN THIS PORTION OF BILL WITH PAYMENT

100232177662 0001007748445 2002018 200201313 0011364182

DEBORAH ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 12/04/2001
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010077-4844
BILLING PERIOD 01/01/2002 - 01/31/2002
DUE DATE 01/01/2002

Anthem Blue Cross and Blue Shield
PO Box 5100
Lewiston ME 04243-5100

TOTAL AMOUNT DUE \$11,364.18



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AMOUNT PAID \$

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FGE #BWNCQXF #9999999990000NJ2# MS. DEBBIE ELLIS UNITIL CORPORATION 6 LIBERTY LANE WEST HAMPTON NH 03842				INVOICE DATE 01/06/2002 CUSTOMER NUMBER D 002321-7766 INVOICE NUMBER 00010080-6764 BILLING PERIOD 02/01/2002 - 02/28/2002 DUE DATE 02/01/2002				
CERTIFICATE	SUBSCRIBER NAME	BIRTH DATE	SEX	ADJUSTMENT PERIOD	TYPE/CLASS	DESCRIPTION	AMOUNT	TOTAL

SUMMARY (ACCOUNT NUMBER 002321-7766)

PREVIOUS AMOUNT DUE	\$11,364.18	
PAYMENTS RECEIVED	\$5,854.13CR	
CURRENT BILLING		Single 2Person Family
HEALTH	\$6,631.09	17 27 39
HEALTH ADJUSTMENTS	\$197.93CR	
CURRENT TOTAL	\$6,433.16 ✓	
TOTAL AMOUNT DUE	\$11,943.21	
DATE OF LAST PAYMENT 12/05/2001		

(PAYMENTS/ADJUSTMENTS PROCESSED AFTER 01/06/2002 WILL BE REFLECTED ON YOUR NEXT INVOICE)

PLEASE RETURN THIS PORTION OF BILL WITH PAYMENT

100232177662 0001008067644 2002020 200202288 0011943218

MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 01/06/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010080-6764
BILLING PERIOD 02/01/2002 - 02/28/2002
DUE DATE 02/01/2002

Anthem Blue Cross and Blue Shield
PO Box 5100
Lewiston ME 04243-5100

TOTAL AMOUNT DUE \$11,943.21



AMOUNT PAID \$ _____

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MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 02/07/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010085-6025
BILLING PERIOD 03/01/2002 - 03/31/2002
DUE DATE 03/01/2002

CERTIFICATE	SUBSCRIBER NAME	BIRTH DATE	SEX	ADJUSTMENT PERIOD	TYPE/ CLASS	DESCRIPTION	AMOUNT	TOTAL
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SUMMARY (ACCOUNT NUMBER 002321-7766)

PREVIOUS AMOUNT DUE \$11,943.21
PAYMENTS RECEIVED \$0.00

CURRENT BILLING \$6,631.09
HEALTH ADJUSTMENTS \$943.61

Single 17 2Person 27 Family 39

CURRENT TOTAL \$7,574.70

TOTAL AMOUNT DUE \$19,517.91

DATE OF LAST PAYMENT 01/30/2002

(PAYMENTS/ADJUSTMENTS PROCESSED AFTER 02/07/2002 WILL BE REFLECTED ON YOUR NEXT INVOICE)

FG&E

PLEASE RETURN THIS PORTION OF BILL WITH PAYMENT

100232177662 0001008560258 2002032 200203317 0019517912

MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 02/07/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010085-6025
BILLING PERIOD 03/01/2002 - 03/31/2002
DUE DATE 03/01/2002

Anthem Blue Cross and Blue Shield
PO Box 5100
Lewiston ME 04243-5100

TOTAL AMOUNT DUE \$19,517.91

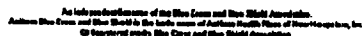


AMOUNT PAID \$

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Abstract

INVOICE DATE 03/08/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010088-4817
BILLING PERIOD 04/01/2002 - 04/30/2002
DUE DATE 04/01/2002

SUMMARY (ACCOUNT NUMBER 002321-7766)

\$19,517.91
\$6,433.16CR

\$6,740.30
\$277.55

Single	2Person	Family
16	29	39

\$7,017.85 ✓

\$20,102.60

(PAYMENTS/ADJUSTMENTS PROCESSED AFTER 03/08/2002 WILL BE REFLECTED ON YOUR NEXT INVOICE)

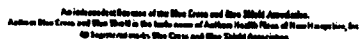
FGE

100232177662 0001008848171 2002044 200204307 0020102607

INVOICE DATE 03/08/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010088-4817
BILLING PERIOD 04/01/2002 - 04/30/2002
DUE DATE 04/01/2002

**Anthem Blue Cross and Blue Shield
PO Box 5100
Lewiston ME 04243-5100**

TOTAL AMOUNT DUE \$20,102.60



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AMOUNT PAID \$ 7,017.⁸⁵

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MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 04/10/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010091-7970
BILLING PERIOD 05/01/2002 - 05/31/2002
DUE DATE 05/01/2002

CERTIFICATE	SUBSCRIBER NAME	BIRTH DATE	SEX	ADJUSTMENT PERIOD	TYPE/ CLASS	DESCRIPTION	AMOUNT	TOTAL
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SUMMARY (ACCOUNT NUMBER 002321-7766)

PREVIOUS AMOUNT DUE \$20,102.60
PAYMENTS RECEIVED \$20,102.60CR

CURRENT BILLING \$6,771.24
HEALTH ADJUSTMENTS \$30.94
Single 2Person Family
16 28 40

CURRENT TOTAL \$6,802.18

TOTAL AMOUNT DUE \$6,802.18

DATE OF LAST PAYMENT 03/27/2002

(PAYMENTS/ADJUSTMENTS PROCESSED AFTER 04/10/2002 WILL BE REFLECTED ON YOUR NEXT INVOICE)

PLEASE RETURN THIS PORTION OF BILL WITH PAYMENT

100232177662 0001009179705 2002056 200205311 0006802182

MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 04/10/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010091-7970
BILLING PERIOD 05/01/2002 - 05/31/2002
DUE DATE 05/01/2002

Anthem Blue Cross and Blue Shield
PO Box 5100
Lewiston ME 04243-5100

TOTAL AMOUNT DUE \$6,802.18



AMOUNT PAID \$ _____

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MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 05/08/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010094-7011
BILLING PERIOD 06/01/2002 - 06/30/2002
DUE DATE 06/01/2002

CERTIFICATE	SUBSCRIBER NAME	BIRTH DATE	SEX	ADJUSTMENT PERIOD	TYPE/CLASS	DESCRIPTION	AMOUNT	TOTAL
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PRIMARY (ACCOUNT NUMBER 002321-7766)

PREVIOUS AMOUNT DUE
PAYMENTS RECEIVED

\$6,802.18
\$0.00

CURRENT BILLING
HEALTH
HEALTH ADJUSTMENTS

\$6,771.24
\$0.00

Single 2Person Family
16 28 40

CURRENT TOTAL

\$6,771.24

TOTAL AMOUNT DUE

\$13,573.42

DATE OF LAST PAYMENT 05/01/2002

(PAYMENTS/ADJUSTMENTS PROCESSED AFTER 05/08/2002 WILL BE REFLECTED ON YOUR NEXT INVOICE)

PLEASE RETURN THIS PORTION OF BILL WITH PAYMENT

100232177662 0001009470119 2002068 200206301 0013573429

MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 05/08/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010094-7011
BILLING PERIOD 06/01/2002 - 06/30/2002
DUE DATE 06/01/2002

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PO Box 5100
Lewiston ME 04243-5100

TOTAL AMOUNT DUE \$13,573.42



AMOUNT PAID \$

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MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 06/11/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010097-6479
BILLING PERIOD 07/01/2002 - 07/31/2002
DUE DATE 07/01/2002

CERTIFICATE	SUBSCRIBER NAME	BIRTH DATE	SEX	ADJUSTMENT PERIOD	TYPE/ CLASS	DESCRIPTION	AMOUNT	TOTAL
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SUMMARY (ACCOUNT NUMBER 002321-7766)

PREVIOUS AMOUNT DUE \$13,573.42
PAYMENTS RECEIVED \$13,573.42CR

CURRENT BILLING \$6,771.24
HEALTH ADJUSTMENTS \$0.00
Single 2Person Family
16 28 40

CURRENT TOTAL \$6,771.24
TOTAL AMOUNT DUE \$6,771.24

DATE OF LAST PAYMENT 06/05/2002

(PAYMENTS/ADJUSTMENTS PROCESSED AFTER 06/11/2002 WILL BE REFLECTED ON YOUR NEXT INVOICE)

PLEASE RETURN THIS PORTION OF BILL WITH PAYMENT

100232177662 0001009764794 2002070 200207315 0006771242

MS. DEBBIE ELLIS
UNITIL CORPORATION
6 LIBERTY LANE WEST
HAMPTON NH 03842

INVOICE DATE 06/11/2002
CUSTOMER NUMBER D 002321-7766
INVOICE NUMBER 00010097-6479
BILLING PERIOD 07/01/2002 - 07/31/2002
DUE DATE 07/01/2002

Anthem Blue Cross and Blue Shield
PO Box 5100
Leicester ME 04243-5100

TOTAL AMOUNT DUE \$6,771.24



AMOUNT PAID \$ _____

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Group Name: **Unifi Service Corporation**
Effective: **01/01/03**
Benefit: **Non Standard Medical \$5 OV, 100%IP/OP \$25 ER**
BNE22N Drug \$250/\$500 Ded, 80/20 to \$1,000
\$5/\$10 \$5 Mail
Specific: **\$125,000**
Aggregate: **125%**
Contract Terms: **Paid Basis**

Cost Plus Monthly Rates

CURRENT

	Projected Claim Cost	Maximum Claim Cost	Administration	Stop-Loss	Monthly Working Rate	Maximum Working Rate	Current Counts
Individual	\$247.51	\$309.39	\$25.04	\$11.37	\$283.92	\$345.80	100
Couple	\$495.02	\$618.78	\$50.08	\$22.73	\$567.83	\$691.59	130
Family	\$705.40	\$881.78	\$71.36	\$32.39	\$809.15	\$985.51	133
Annual Totals	\$2,195,062	\$2,743,843	\$222,063	\$100,787	\$2,517,922	\$3,086,704	363
PEPM	\$563.92	\$629.90	\$50.98	\$23.14	\$578.04	\$704.02	363
PMPM	\$209.05	\$261.32	\$21.15	\$9.60	\$239.80	\$292.07	678

RENEWAL

	Projected Claim Cost	Maximum Claim Cost	Administration	Stop-Loss	Monthly Working Rate	Maximum Working Rate	Current Counts
Individual	\$315.23	\$394.04	\$24.86	\$19.62	\$359.71	\$438.52	100
Couple	\$630.46	\$788.08	\$49.72	\$39.24	\$719.42	\$877.04	130
Family	\$898.40	\$1,123.01	\$70.85	\$55.92	\$1,025.17	\$1,249.78	133
Annual Totals	\$2,795,640	\$3,494,577	\$220,472	\$174,008	\$3,190,120	\$3,886,057	363
PEPM	\$641.79	\$602.24	\$50.61	\$39.95	\$732.35	\$692.60	363
PMPM	\$266.25	\$332.62	\$21.00	\$16.57	\$303.82	\$370.39	678

Percent Increase: 27.4% 27.4% -8.7% 72.6% 28.7% 28.8%

Working Fund: \$53,762

NAF Fee 5% of savings obtained through Anthem's negotiated provider discounts.

Non-Trended Medical Claims
Cost before discounts \$ 1,973,138
Claim Savings (trended
claims before discounts less
actual trended claims): \$ 258,444
\$ 12,922
Aggregate NAF \$ 15,507

COST PLUS RATES

Unitil Service Corporation

Ma1

SIC: TRANSPORTATION, COMMUNICATION, AND UTILITIES — Electric Services
Effective 1/1/03

Experience Rating Development

- 1 Claims not subject to Capitation
- 2 Medical Claims in excess of \$125000
- 3 Adjusted Claims
- 4 Member Months in Experience
- 5 Claims Per Member Per Month(PMPM)
- 6 Benefit Adjustment Factor
- 7 Adjusted PMPM
- 8 IBNR Adjustment
- 9 Chiro Adjustment
- 10 Completed Claims plus Chiro Adjustment PMPM
- 11a Number of Trend Months
- 11b Annualized Trend (Medical;Drugs)
- 12 Trend Factor — Compounded Monthly
- 13 Trended Claims PMPM
- 14 Pooling Charge Amount PMPM N/A
- 15 Total Trended Claims PMPM
- 16 Capitation Costs- Medical
- 17 Capitation Costs- BHN
- 18 Projected Experience Based Cost

18 Months
13.9% 24.0%

Medical	Drugs
\$1,780,802.16	\$467,824.73
\$0.00	
\$1,780,802.16	\$467,824.73
10809	10809
\$162.88	\$43.28
1.0000	1.0000
\$162.88	\$43.28
1.000	1.000
\$0.00	
\$162.88	\$43.28
1.2156	1.3808
\$197.99	\$59.76
\$0.00	
\$257.75	
\$0.00	
\$8.50	
\$266.25	